

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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53						
54			2			
55			2			
56			2			
57			2			
58			2			
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97		2				
98		2				
99		2				
100		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	1					
TOTAL DEP.	56	←	→	←	→	←
TOTAL CLAIMS	57	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	→	←	→	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████